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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: LIAO et al. Docket No.: 372465-01801
 Serial No.: 10/784,113 Art Unit: 2676
 Filed: February 20, 2004 Examiner: Brautigam, Alysa
 For: APPROXIMATION OF LEVEL OF DETAIL CALCULATION IN CUBIC MAPPING
 WITHOUT ATTRIBUTE DELTA FUNCTION

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Total Pages Faxed: 16

TRANSMITTAL FOR AMENDMENT & RESPONSE
UNDER 37 CFR 1.111**I. ENCLOSURES**

Transmitted herewith are the following documents for the above-referenced application:

- 12 Page Amendment & Response Under 37 CFR 1.111;
- 1 Sheet of Replacement Drawing (FIG. 5); and
- Petition for Extension of Time (1 month).

II. STATUS

- Applicant is a large entity.

III. EXTENSION OF TIME

Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

<u>Extension (months)</u>	<u>Large Entity</u>	<u>Small Entity</u>
<input checked="" type="checkbox"/> one month	\$ 120.00	\$ 60.00
<input type="checkbox"/> two months	\$ 450.00	\$225.00

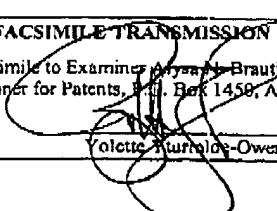
Fee \$120.00

- If an additional extension of time is required please consider this a petition therefore.
- Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being forwarded via facsimile to Examiner Alysa A. Brautigam in Group No. 2676 at facsimile number 571.273.8300 located at Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450, on

Date: December 29, 2005



Vollette Burridge-Owen

IV. FEE FOR CLAIMS

The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	<i>OR</i>	OTHER THAN A SMALL ENTITY
Claims Remaining: After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	Rate
Total * 18	Minus *0*	20	0	x25= \$0	x50= \$0
Indep. + 2	Minus *0*	3	0	x100= \$0	x200= \$0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+180=	\$0	x360= \$0
			TOTAL ADDIT. FEE	\$0	<i>OR</i> TOTAL ADDIT. FEE

- No additional fee for claims required.
- Total additional fee for claims required \$0.

V. FEE PAYMENT

- Please charge Deposit Account No. 50-2778 the sum of \$120 for 1 month extension of time fee.

VI. FEE DEFICIENCY

- The Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778.

Respectfully submitted,

DECHERT LLP

Dated: December 29, 2005



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